

Check this box if you are resubmitting this staff appointment request

## L-10 Testing Center Staff Appointment Dedicated FAX number for this form: (202) 464-4853

**GED Testing Service** 

of the American Council on Education One Dupont Circle, NW, Suite 250 Washington, DC 20036 (202) 939-9490

<b>Examiner Information</b>	建 图像					
Date: / / / yyyy		GEI	OTS Use Only	- Date Received:	mm dd yyyy	
I recommend that	Mrs.	Ms.	Mr.	Dr.		
Last Name:			First Nar	ne:		
Be authorized to serve	as (check one):	Chief Exa	miner / TCO	Examiner /	ALTCO	
at the following Official	GED Testing Ce	enter				
Center ID Number:						
Center Name:						
Address:						
City:		State/Provi	nce/Territory:	Zip/Posta	l Code:	
Email:						
Phone Number: (	) -	FAX N	lumber: (	) -		
Reason for Request						
The candidate i	s replacing:					
	s an addition to	current staff				
The candidate meets or Examiner's Manual.  Holds Bachelor'  if Examiner hold teaching, training	s degree OR				erience in testing,	
s not involved in	n instruction or p	reparation for	the GED Test	s		
In-service training of the new staff member has been completed.  Name of Trainer:			Training Date:	mm dd yyyy		
In-service training of	f the new staff m	ember has be	en scheduled.	Scheduled Train		
Name of Trainer:				Title:	mm dd	
GED Administrator						
This appointment has be	een approved by	this office.				
Signature of GED Administrator				Jurisdiction		